

Employee Name _____

**PERFORMANCE PLANNING AND REVIEW (PPR)
MID-YEAR PERFORMANCE REVIEW FORM**

Employee Name: _____ Employee ID #: _____

Job Title: _____ Section / Gang: _____

PERFORMANCE FACTORS / DISCUSSIONS

Performance Factors Discussed (check all factors discussed; include comments on any specific areas that are noteworthy, need improvement)

Comments

- | | | |
|-------------------------------------|--------------------------|-------|
| 1. <u>Work Product</u> | <input type="checkbox"/> | _____ |
| 2. <u>Dependability</u> | <input type="checkbox"/> | _____ |
| 3. <u>Cooperativeness</u> | <input type="checkbox"/> | _____ |
| 4. <u>Adaptability</u> | <input type="checkbox"/> | _____ |
| 5. <u>Communication</u> | <input type="checkbox"/> | _____ |
| 6. <u>Daily Decision Making</u> | <input type="checkbox"/> | _____ |
| 7. <u>Service To Clients/Public</u> | <input type="checkbox"/> | _____ |
| 8. <u>Use of Equipment and</u> | | |
| 8. <u>Materials</u> | <input type="checkbox"/> | _____ |
| 9. <u>Project Planning and</u> | | |
| 9. <u>Implementation</u> | <input type="checkbox"/> | _____ |
| 10. <u>Work Group</u> | | |
| 10. <u>Management and</u> | <input type="checkbox"/> | _____ |
| 11. <u>Performance Planning</u> | | |
| 11. <u>and Review</u> | <input type="checkbox"/> | _____ |
| 12. _____ | <input type="checkbox"/> | _____ |
| 13. _____ | <input type="checkbox"/> | _____ |

RATING SUPERVISOR'S STATEMENT: I have personally discussed the information shown above with this employee during the Mid-Year Performance Review Session.

Signature: _____ Date: _____

Print Name: _____

Rating Supervisor Job Title: _____ Rating Supervisor ISIS ID #: _____